I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041693

ILED VS DEC 12 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1200 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: Greene b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield Length of stay in 1b: 4 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA Spgfld. Baptist Hosp Inside Limits: Yes ☒ No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene c. CITY OR TOWN: Springfield Inside Limits: Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location): 520 W. Harrison Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: FAIRLEE	Middle: CAROL	Last: TRUELOVE	4. DATE OF DEATH	Month: December	Day: 1	Year: 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 6/25/1935	9. AGE (last birthday): 25	IF UNDER 1 YEAR Months: 5 Days: 6	IF UNDER 24 HR Hours: Min:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Arkansas	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Zealand Horton	13b. MOTHER'S MAIDEN NAME: Frances Maxey	14. NAME OF HUSBAND OR WIFE: Paul Truelove					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 495-36-1890	17. INFORMANT: Mrs. Barbara Roberson, Spgfld, Mo.	Address: 932 N. National				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: Approx 2:00 p.m. Month, Day, Year: 12-1-60		She was found in her bath tub with her nose below the water line. There were no signs of violence in any form. Her sister reported her weak and to have had "spells" at times before.	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home	20f. CITY, TOWN, OR LOCATION: Springfield	COUNTY: Greene, STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at Approx. 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph H. Phieme	(Degree or title): Greene County Coroner	22b. ADDRESS: Springfield, Missouri	22c. DATE SIGNED: 6/5/1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12/2/1960	23c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery	23d. LOCATION (City, town, or county): Wellsville, (State): Missouri
24. FUNERAL DIRECTOR ADDRESS: Howard F. Myers, Wellsville, Mo.	25. DATE RECD. BY LOCAL REG.: 12-7-60	26. REGISTRAR'S SIGNATURE: Effie L. Melton	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Harold Eutre
Signature of Student Embalmer

Licensed Embalmer No. 5627

P. O. Address Appld, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.